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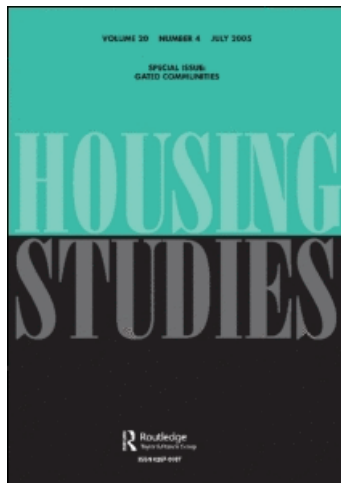
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Challenges in the Modernisation of Dutch Housing and Care for the Elderly

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ABSTRACT *The simultaneous processes of functional differentiation and integration are typical of the long-term phenomenon of modernisation. Stimulated by the redefinition of the welfare state, the present day process of functional differentiation in the Dutch system of housing and care for the elderly has resulted in a wider variety of new and more flexible combinations of housing, care and welfare functions. An important challenge is to develop an adapted, integrated planning and financing system. Typical of the social cultural side of modernisation is the 'independence' paradigm. To counteract the individualistic nature of this paradigm, and the consequent threat to social cohesiveness, it is argued that a broader, social participation model should be developed.*

Introduction

In the Netherlands during the last decade of this century 'modernisation' has been a keyword in politics, innovative projects and critical studies regarding changes in housing and care for the elderly. This notion is used on two levels. In daily parlance it is a label for the recent reforms and budget restrictions of arrangements for the Dutch welfare state. In reflective studies modernisation is seen as a permanent long-term process of social change in Western societies. In some historical-sociological studies, the start of the process of modernisation and the so-called modern era in the Western parts of the world can be placed in the 16th and 17th centuries (Giddens, 1990; de Swaan, 1989). Typical of the entire long-term process of modernisation are the parallel processes of functional differentiation in the lower levels of social systems and functional integration in higher levels of the society. During the last decades of this century in the so-called period of late modernity or post-modernism, these simultaneous processes of functional differentiation and integration have accelerated (Adriaansens, 1991; Giddens, 1990). Before the modern era, in the villages and cities, there were local funds to finance housing and care facilities of the needy elderly (de Swaan, 1989). In the modern period first regional and, later on in the 20th century, national legislation and fundraising systems were founded. The systems of taxation, health assurance and pension facilities became more important for financing, steering and planning the development of housing and care facilities for the whole population. The economic growth after the Second World War stimulated, in combination with professionalisation, the identification and realisation of good quality standards in publicly financed facilities. Therefore,

during the 1960s and 1970s the welfare state dominated policy in the field of housing and care facilities. This approach resulted in:

- central financing, regulation and supply planning of housing and care arrangements;
- standard facilities which were specified at the central level; for example: the regulations for social housing in general and Dutch old people's homes contained very precise dimensions of the dwellings and apartments; also the type of care in the different arrangements was strictly defined;
- the citizens, and especially the older people, who worked hard to found and finance the welfare state used their rights to obtain facilities when they were no longer able to take care of themselves.

After the oil crisis in the 1970s a continuing process of cut-backs in expenses for the welfare state started. Nowadays the world-wide convergency of national economies in the Western world urge the national states to economise. In this context the role of the welfare state is being permanently reassessed, and a central theme in this period of late modernity is to what extent citizens and organisations within the welfare state can live and operate more independently of the centrally determined arrangements and regulations. A new approach has arisen with regard to publicly financed facilities. At present some of the main characteristics of this approach are:

- the suppliers of social housing, care and welfare facilities must privatise and operate more in accordance with the principles of the market;
- the client must be the focus of the objectives and targets of the suppliers; innovations and quality control are needed to satisfy the needs and wants of the citizens as consumers of the facilities; this tendency triggers the process of functional differentiation;
- stimulated by rising levels of welfare and education of the general population, individuals can take more care of themselves; individualisation means that people want to live more and more in accordance with their own personal preferences and self-identity (Giddens, 1991).

The present-day functional differentiation in housing and care for the elderly manifests itself in numerous innovative projects and more variety in facilities. This greater variety is reflected in a new typology of housing possibilities developed in this paper, designed to categorise innovative combinations of housing, care and welfare functions. The new typology will be presented as an important aspect of modernisation in the next section. The process of functional differentiation creates new risks and opportunities. The new combinations of housing, care and welfare functions are more flexible and offer more possibilities for a choice. An important principle in the planning and development of innovative facilities is that the different functions can be financed and used by the elderly separately. Therefore, there is a need for new forms of policy and spatial planning to realise the possibilities of functional differentiation. Particularly for the elderly with a multiple need for housing, care and welfare services an integrated approach must be made. Innovative ways and new ideas about realising such an approach are needed at all levels of decision-making. A new framework for integrated planning will be presented here as a challenge and counter-balance for innovations based on functional differentiation alone.

The socio-cultural side of modernisation may be characterised by the emer-

gence of a new paradigm. The paradigm which dominated housing and care solutions for elderly people in the 1970s is being driven out by a new paradigm, typical of this late modern period. This paradigm switch will be presented here as a second important reform. This paper emphasises looking critically at the social content of premises and purposes underpinning the development of a new policy system and innovative practices. Although the emerging paradigm aimed at independence implies better outcomes compared with the traditional one aimed at the supply of a limited number of standard facilities, it could undermine the cohesiveness of the Dutch system. For that reason it is worthwhile seeking the basis of a new solidarity, exploring whether a possible paradigm based on 'social participation' is desirable. Critical studies and examples of an alternative approach which sustain this paradigm will be presented in the final section of the paper.

The Typology of Innovative Housing and Care Projects as a Symptom of Differentiation

Housing needs of the elderly comprise more than the mere need for a good house. Particularly for single people in the over-75 age group these needs are partly determined by potential and actual needs for help in their daily lives, and sometimes for protection and psychological support as well. Within this context, housing for the elderly aims to meet their needs by providing suitable and affordable accommodation, an adequate living environment and by supporting health care and welfare facilities. Until the beginning of the 1980s this had been realised in the Netherlands by a hierarchical system of housing which offered standard combinations of living, care and welfare services. Planning and financing these standard combinations, notably of homes for the elderly and nursing homes, was relatively simple and was based on the number of elderly people in a particular region.

Metaphorically, the traditional approach to housing for the elderly is depicted by a 'staircase' an elderly person has 'to climb' as the help he/she requires increases with age (Houben, 1994). As need for help becomes greater, an elderly person should, in principle, move to housing which provides an increasingly comprehensive range of care and welfare functions combined with smaller accommodation. This means that in principle an elderly person will have to move house three times, namely to intermediate provision, for example, a service flat, then to an old people's home with nursing care and finally to a nursing home. Standard indicators are used to determine whether or not people are admitted to housing with more comprehensive care facilities. Using this procedure, people in need of a particular type help will be placed in housing equipped according to their needs. Figure 1 shows the staircase. The horizontal axis indicates the help that elderly people require, varying from little to very great. The figures refer to the share of the over-75 age group belonging to a particular target group. The vertical axis shows the scale of the major housing facilities for the elderly in accordance with an increase in the available range of care and welfare functions.

In Figure 1 the rectangles which together make up the staircase indicate the official target groups of each type of housing. So the target group for independent living are the elderly with little or no need for care. At the intermediate level are the elderly with a moderate need for care and for the two residential types

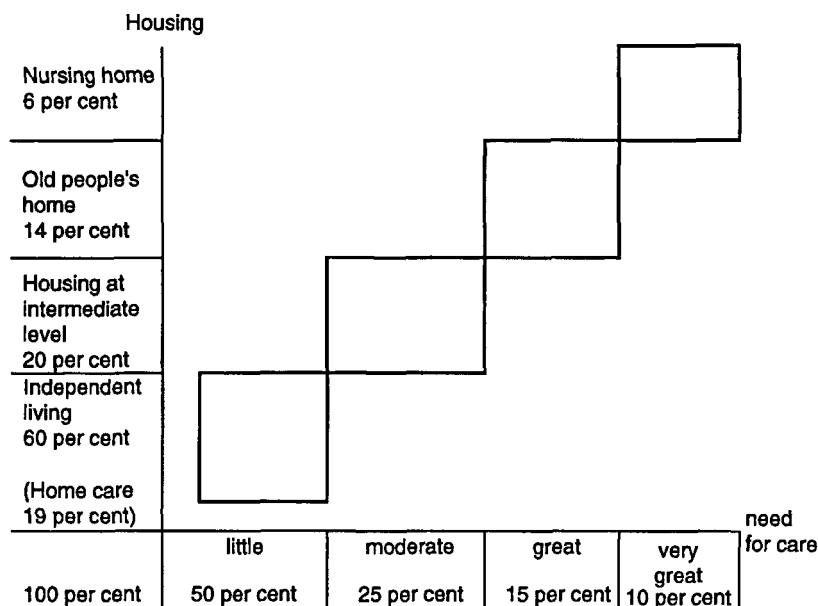


Figure 1. Target groups of standard housing for the elderly.

Source: ODO, 1991.

of care are the elderly requiring the greatest care. A study carried out in the early 1980s revealed that there were many latent and sometimes even manifest feelings of discontent among the elderly about the 'staircase' model. It forced people into the strait-jacket of having to move again and again to other housing with increasingly comprehensive care facilities, as their needs increased. In order to realise the desire of many elderly people to live independently, alternative solutions were needed, as was shown by the initial experiments at that time (Houben, 1986). In line with the policy in the second half of the 1980s, namely the substitution of expensive residential care by cheaper independent housing possibilities, funds were shifted and innovations and experiments encouraged. These innovations tried to harmonise people's wishes and capabilities with an appropriate environmental quality and provision of care and support.

Figure 2 shows the main types of innovations schematically. It distinguishes the total number of theoretical removals when the entire course of moving house is developed and the range of the target group for an innovative project. The left-hand column indicates the number of theoretical residential moves required and the other columns show the range of the group targeted by an innovative solution. The division into four target groups is the same as that of the previous figure, which also distinguished four categories of those needing care.

The top of Figure 2 shows a model requiring only two instead of the traditional three removals in the entire course of the latter stages in life. This reduction in the number of removals is possible because these innovative housing-and-care projects are aimed at two adjacent target groups instead of one, with a variable supply of care facilities. These projects have different names and appear to be best typified by indicating the target groups aimed at. They include the so-called housing-and-care sites, which have been central in policy discussions for a

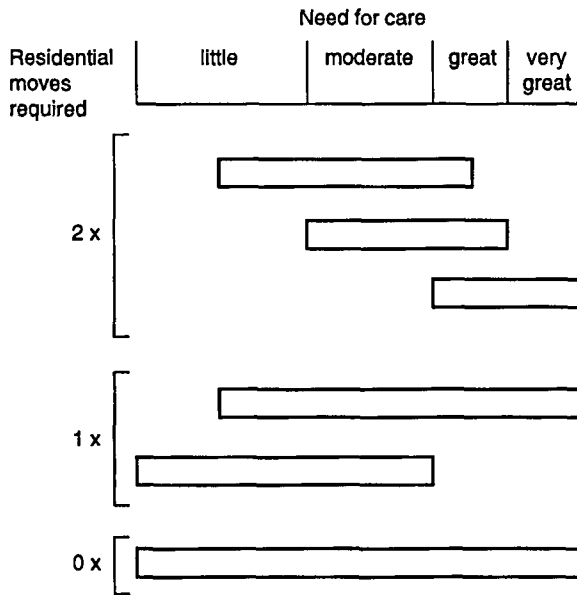


Figure 2. Target groups of main type of innovative solutions.

Source: Breuer *et al.*, 1992; Houben, 1994.

number of years now. These sites contain adapted apartments of a normal size and care is offered on a flexible base.

Next are the projects requiring one residential move, which are housing-and-care projects aimed at three out of four target groups with a wider variety of care facilities. In practice, such projects have various names. A striking feature of these projects is the substantial increase in floor space of a flat compared to what is common in ordinary public housing. In recent new housing projects more attention has been paid to adapting flats and buildings to ability-related problems of the elderly. During the last few years numerous housing-and-care projects have been undertaken. Rather than building new houses, the newest approach is to develop programmes aimed at the adaptation and maintenance of a house as well as guaranteed home care up to a certain level. These programmes are usually termed 'living-plus'.

Finally, the last level of Figure 2 encompasses programmes enabling the elderly to stay in their own homes, not forcing them to move house at all. This can be achieved if they live in a house which has been or can be adapted and, if care needs grow, help in the home can be made available together with intensive home care and nursing, which add to an informal network to provide sufficient support.

Innovative housing and care models therefore require fewer residential moves as the function of living and the various care functions which were somehow connected in traditional housing, are now increasingly disconnected. The efforts to bring about this disconnection and a function-oriented approach oblige the central financing of facilities to make way for a function-oriented arrangement which is more in agreement with market conditions. Thus, the Dutch policy's central aim, namely the substitution of expensive, residential housing facilities

by a cheaper solution, can be effected. The typology is typical of recent models of functional differentiation between housing and care functions. In the next section new approaches to functional integration will be presented to realise new combinations of housing and care functions.

Integrated Planning of Housing and Care Functions as Counter-balance of Differentiation

In the broadest sense, the advice ‘Ouderenzorg met Toekomst’ (The Future of Care for the Elderly) by the Commissie Moderniseren Ouderenzorg (Commission for Modernisation of the care for the elderly) may be considered a compilation of innovations and ideas about the desirable course to be taken in the renewal of care and housing for the elderly. The advice was drawn up during the economic recession before the Dutch parliamentary elections of May 1994. The large political parties competed for the most effective retrenchment operation in the national budget. The Committee advised the new Cabinet about possible ways to cut the ever-increasing costs of the care of elderly people in the long and the short term. Furthermore, adequate arrangements were to be made for innovative product market-related combinations of housing and care, such as housing-and-care sites. The new Cabinet, which took office in the middle of 1994, agreed with the main points of the advice and has since started their implementation (Terpstra, 1994).

On the basis of a quantified list of substitutions for the next 20 years, an indication was made to what extent the residential provision could be reduced, taking into account demographic considerations. As a counterpart of this part of their advice the Committee has produced a new ‘chart’ of care for the elderly, showing a rough framework for function-oriented housing for the elderly. This framework may be looked upon as a summary of innovative ideas and practice in planning.

The function-related approach of the modernised system is shown in Table 1 by putting into three columns the major functions most relevant to housing for the elderly, namely housing, care and welfare. One of the central elements is that the elderly person with multiple needs should be offered integrated provision for housing, care and welfare tailored to his or her needs. Thus, the strict connection between certain accommodation and a certain type of care, still prevailing in traditional, special housing for the elderly, may be decreasing. Giving welfare its own label is fairly new and is especially relevant to realising a good quality of life and strengthening the ability of the elderly to manage for themselves.

Table 1 shows that facilitating functional integration takes place at various

Table 1. Modernised care for the elderly

| levels: | housing | care | welfare |
|---------------------------|---------|------|---------|
| care region | — | — | — |
| sub-region | — | — | — |
| village/borough | — | — | — |
| district/neighbourhood | — | — | — |
| project/institution | — | — | — |
| individual elderly person | — | — | — |

Source: Commissie Moderniseren Ouderenzorg, 1994.

levels of decision-making and planning. It is based at the level of the individual elderly person to provide tailor-made services as much as possible. First, the demand for and the characteristics of housing, care and welfare needs are assessed by means of an independent, regional and integrated system of indicators. This is followed by the setting up of an individual housing-and-care plan and a decision as to which services will be state funded. Tailor-made provision can be realised by means of case management and administration of a personal care budget. Tailor-made provision is necessary because future groups of elderly people, among them those with more purchasing power than today's elderly, will express their needs and wishes more assertively.

At the next level in the planning process, namely project or institution (Table 1), market-related product combinations are developed which are geared as much as possible to the type of help required by the elderly as revealed by the system of indicators. The next levels of district/neighbourhood and village/borough are important for providing each region with a range of market-related product combinations based on the demands of the elderly living in the region. For people who are not very mobile, strategic decisions may be taken regarding investments in adaptations to houses, provision of support, the construction of a lift in a flat of medium height, etc. (PPD, 1989; Raaijmakers, 1992). An important argument for this region-oriented approach is that elderly people often want to stay in the region they are familiar with, notably because of the bond they have with fellow residents and certain facilities which are important to them. They can also clearly identify the strong and weak points of their environment.

Even higher is the sub-regional level, working with a population of approximately 80 000, established in order to stimulate an increase in scale, organisation and harmonisation of the catchment areas of institutions, thus promoting co-operation and efficiency. The highest level is regional (approximately 800 000 inhabitants) in accordance with the *Wet Gemeenschappelijke Regelingen* (Law on common regulations between local authorities) or alternatively in the form of the new large urban provinces. At this level and within the framework of a 'regional vision' a spending plan has to be developed for the budgets available for the region (Storimans *et al.*, 1994). The budget for care facilities will be submitted by the regional provider. Budgets for public housing, provision for the handicapped and welfare are submitted by the municipalities situated in the region. These two budgetary bodies depend upon each other to achieve the most reliable spending of their funds. It is in their own interest not to transfer costs from one to the other. At this level associations of elderly people participate to present the importance of their demands. Regional authorities, responsible for care facilities, finalise contracts with those who provide these facilities, and are organised at a sub-regional level. An important incentive to promote innovation and co-operation is the use of a regional fund for the renewal of care facilities.

In order to have the framework outlined by the Commissie Modernising function as a coherent system, the planning methods have to be revised. Until the early 1990s planning activities were almost exclusively carried out at the level of the municipality and province. In addition, the object of planning consisted of a limited number of standard facilities. In revised, function-oriented housing for the elderly, however, the starting point is the allocation of a tailor-made combination of housing, care and welfare functions at the level of the individual person. The implementation of the desired planning activities as outlined in this paper is now within reach due to computerised data processing.

Geographic information systems (GIS) would provide the means to support the implementation of 'easy-living zones for the elderly' in residential areas. The provision of care and welfare is being carried out with automated data processing of demand and integrated supply at all levels mentioned above, and therefore the coupling of databases is now only a matter of time.

Modernisation of housing for the elderly implies the conversion of a system of policy-making which allocates standard provision towards a system in which individual needs, wishes and situational characteristics are central. It manifests itself in new forms of policy-making at micro- and meso-levels next to the transformation of existing policies at a macro-level. On the one hand this will lead to differentiation and to a complex typology of projects with different combinations of housing, care and welfare functions. On the other, it will trigger decision-making processes aimed at functional frameworks for an integrated approach at several levels, often greater than the local level. This paper emphasises the implementation of new policies resulting from decentralisation, product differentiation and individualisation. The transition of existing policies at a macro-level has remained in the background. The issue of rules and the systems of financing housing for the elderly are extremely complicated in the Netherlands, which makes modernising national frameworks rather sluggish.

A Change of Paradigm as a Socio-cultural Symptom of Modernisation

Changes in vision, standards of quality and policy concepts are clear manifestations of modernising housing for the elderly. They reflect a change of paradigm, which can be recognised by looking at clusters of opinions at various times in the fields of gerontology, care technology, spatial planning, social values and the image of the elderly (Houben, 1994). The surge of renewals which has now lasted for more than a decade can be described and explained with this change of paradigm. Table 2 presents key phrases as the major starting points for the domains mentioned. In the first column these represent the paradigm in the 1970s aimed at traditional 'supply provisions'; in the second column they

Table 2. Disappearing and emerging paradigms in housing for the elderly

| Domain | Aimed at supply | Independence |
|----------------------|---|--|
| Gerontology | <ul style="list-style-type: none"> • deficit model | <ul style="list-style-type: none"> • getting old in good health |
| Care technology | <ul style="list-style-type: none"> • objective assessment of the need for care • standard range of provisions of care | <ul style="list-style-type: none"> • tailor-made care; case management • support informal network |
| Planning housing | <ul style="list-style-type: none"> • multi-stage circuit of housing | <ul style="list-style-type: none"> • stepless housing/care arrangements • importance of adapted houses • own responsibility |
| Social values | <ul style="list-style-type: none"> • right to professional provisions • protection of weaker groups | <ul style="list-style-type: none"> • self-assessment through options |
| Image of the elderly | <ul style="list-style-type: none"> • adaptation to situation • satisfaction with supply | <ul style="list-style-type: none"> • ability to determine situation yourself • independent choice |

Source: Houben, 1994.

represent the emerging new policy reforms and innovative projects aimed at 'independence'.

The move away from the supply of provisions towards that of independence can be translated in the various domains as follows. In gerontology attention has shifted from 'what elderly people can no longer do' (conforming with the so-called deficit model) towards possibilities of growing old in good health. The new model pays more attention to finding successful strategies for an independent way of life when elderly people become less able. Access to, and indicators of, the need for care no longer regard the need for care as an objective state to be determined only once. New insight is proving that the subjective side of the demand for care is at least equally important, and this demand also appears to be far more varied than has previously been assumed. Consequently, it may now rightly be said that tailor-made care is more effective than a standard range of care facilities. With spatial planning, the goal of efficiency led to spatial concentrations of semi-invalid elderly people. The independence model is searching for stepless and individual arrangements in housing and care. By means of itemised lists and the accurate allocation of the costs of housing and care, adequate financing structures have to be found to support the function-oriented thinking. In addition, the surplus value of an adapted house and the usefulness of technological aids at home are recognised as promoting self-care. The change in social values partly follows the line taken in the transformation of the welfare state and its retrenchments. The right to certain provisions is making way for budget-determined support possibilities for lower-income groups. The emphasis is on the individual's responsibility for his/her own life, and there should be options to promote this self-determination. Therefore, tailor-made care should be geared not only to the needs and abilities of the elderly, but also to their wishes and aspirations. 'Satisfaction' and socially acceptable solutions will no longer be considered adequate to ensure self-fulfilment and self-expression of elderly people. Studies into the client's housing preferences are set up with additional information and training so that elderly consumers can make an independent choice. Welfare activities focus on the emancipation of the elderly.

Challenges for a New Social Solidarity

The emergence of a new model points to a fundamental change in the Dutch system. An important challenge is the question of how to deal with the objective of both doing justice to the disparity in individuals and situations and the desired pluriformity of opinions, and at the same time to the principle of equality before the law. For example, present day modernised public housing distinguishes between those who belong to the lower-income target group and those who do not, thus determining the range in quality and rent available for them. The distribution of care provision also tends towards increased social differentiation as quality increases. For the lower-income groups only a meagre range of services are available. Partly because local providers and financing bodies enjoy more freedom in their policies, the principle of equality before the law is very important in order to ensure that lower-income groups have access to these basic provisions. Social differentiation may pose a threat to the Dutch welfare state, based on a broad, traditional and social approach as well as on solidarity. So the question is whether and to what extent modernisation should be guided in such a way that it contributes to social renewal without marginalising people.

A second challenge is the question of how to tackle the negative aspects of individualisation. As the framework of traditional and ideological principles is constantly crumbling away, a new and commonly shared framework of meaning around phenomena such as ageing and infirmity is needed from a social point of view. All the more so because today youthfulness, vitality and a spirit of enterprise are central values in society (ter Meulen, 1994). Furthermore, financial pressure on collective services also pressurises the existing care services. Because of the emphasis on efficiency, the provision of care focuses on the instrumental approach, neglecting individual attention for those needing care and their individual feelings and perception (Kunneman, 1994). Within the framework of individualisation, acceptance by and communication with the social environment is essential for the further development of an elderly person's own identity whilst needing care during the final stages of his/her life (ter Meulen, 1994).

Based on these observations it is worthwhile looking for models which move beyond the independence paradigm. Some elements can be identified for a possible third model which should be relevant in the future and which can be termed 'social participation' (Houben, 1994). In this model independence is seen as an important central value and achievement, but even more important is that the elderly are full members of society. The goals of this model include those used in the independence paradigm, but which open up new horizons in all domains. In Table 3 the right-hand column represents the key features of this third paradigm. For the sake of comparison the key features of the second independence paradigm are also presented.

The third paradigm can be characterised by the following opinions in the various domains. Gerontology assumes a view of the elderly based on ideas of 'productive ageing'. Contributions by the elderly to the various sections of the social order are both useful and feasible. Experience and the broad insight acquired by the elderly throughout their lives are considered as cognitive abilities to be developed further in activities. The elderly should have purchasing powers for provisions of care thanks to a client-oriented health insurance and a personal

Table 3. Emerging and possible future paradigms

| Domain | Independence | Social participation |
|----------------------|--|--|
| Gerontology | <ul style="list-style-type: none">● getting old in good health | <ul style="list-style-type: none">● productive ageing |
| Care technology | <ul style="list-style-type: none">● tailor-made care; case management● support informal network | <ul style="list-style-type: none">● demand for care based on purchasing power (personal care budget)● care brokerage● technological aids |
| Planning housing | <ul style="list-style-type: none">● stepless housing/care arrangements● importance of adapted houses | <ul style="list-style-type: none">● adaptable housing for everyone |
| Social values | <ul style="list-style-type: none">● self-responsibility | <ul style="list-style-type: none">● including social climate● right to sufficient means for living |
| Image of the elderly | <ul style="list-style-type: none">● self-assessment through options● feeling of determining situation yourself● independent choice | <ul style="list-style-type: none">● the elderly person as a co-producer of welfare● importance of working out life theme● stand for one's own uniqueness |

Source: Houben, 1994.

budget for care. The application of technological aids to actively participate in society and to live independently makes people less dependent on others. In the planning of public housing the emphasis is on adaptable houses for everyone, on available services relevant for everyday life, and on a safe and social climate in the neighbourhood. Consequently no, or far less, special housing is needed for the semi-invalid elderly. The right to a good income is also emphasised so that the elderly will be less dependent on collective provision. Educational programmes will support the elderly in exploring their specific contribution to society. For this reason, and in addition to the questions asked by society, it is important to become aware of and to articulate a person's individual and unique life theme.

A fertile soil for the emergence of the paradigm of social participation is the growth of co-housing projects for the elderly (Baars & Thomése, 1993). Here the elderly find reciprocal support to continue their independent lifestyle as long as possible. The set-up in groups stimulates collective activities and personal growth.

Another indication of a new lifestyle is found in workshops with members of the post-war baby boom generation. In these workshops participants reflect on their process of growing older and explore their own future of ageing (Houben *et al.*, 1994). In their outlook on the future they attach great value to meaning and self-fulfilment through their dedication to society together with others in the neighbourhood and other participation at the meso-level. Results of discussions within collectives of the elderly also confirm the growing importance of social participation. Elaboration of the paradigm of social participation seems to be of great importance for realising new ways of solidarity to counter-balance individualistic approaches.

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